

**CONNECTICUT ADDENDUM TO THE MTRA RENEWAL  
APPLICATION FOR A MONEY TRANSMISSION AND/OR  
PAYMENT INSTRUMENT LICENSE**

Please provide the following additional information:

1. For Part II number 1) of the MTRA application. Please list changes in individuals with a 10% or more ownership interest in the licensee.
2. For Part III number 3) of the MTRA application. Please include a list of permissible investments, if required, as of the date of the most recent audited financial statement and as of a date no earlier than thirty business days prior to the filing of the application.
3. For Part III number 5) of the MTRA application. If the applicant chooses to maintain deposits in lieu of a bond in an institution not chartered by the Connecticut Department of Banking, please enclose a completed *Authorization to Disclose Deposit Information* form attached to the state application. For each obligation other than a deposit, please provide both the book and market value. If the investment is not an obligation of the United States or its agencies or instrumentalities, please state the rating service used and the rating category in such service.
4. If the applicant maintains employees in Connecticut, please submit proof of Workers' compensation insurance.
5. Please submit the complete name and address of each business location in Connecticut at which the applicant is conducting or will conduct business.
6. Please enclose a copy of the letter acknowledging your company's registration as a Money Services Business with the Treasury Department.
7. Please complete the surety bond calculation form included in this addendum.
8. Please complete the Authorization to Disclose Deposit Information form if, in lieu of a bond, your company maintains deposit accounts in institutions not chartered under the laws of Connecticut.
9. Please sign and have notarized the appropriate form included in this addendum.
10. Please answer the questions on page two of this addendum.

**CONNECTICUT ADDENDUM TO THE MTRA RENEWAL APPLICATION FOR A  
MONEY TRANSMISSION AND/OR PAYMENT INSTRUMENT INDUSTRY LICENSE**

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**Page Two**

Please answer the following questions:

1. Have there been any changes in the articles of incorporation or bylaws since the previous renewal?

Yes\_\_\_ No\_\_\_ If yes, please submit a copy of the amended documents.

2. Is the Applicant or any affiliate licensed by any state to perform the activities requested in this application? \_\_\_\_ If the answer is yes, please provide the name of the state(s), license number(s) and original licensing date(s).
3. Has the Applicant or any affiliate applied for licensure in any state and been denied such licensure? \_\_\_\_ If the answer is yes, please provide a full description, giving the reason(s) for denial.
4. Is the Applicant or any affiliate currently being reviewed for licensure in any other state? \_\_\_\_ If the answer is yes, please provide the name(s) of those states.
5. Is the Applicant or any affiliate currently under investigation by any state in connection with a licensing application? \_\_\_\_ If the answer is yes, please provide a full description.
6. Is the Applicant or any affiliate performing the activities requested in this application within states which do not require licensing for such activity? \_\_\_\_ If the answer is yes, please list the states and activities.



STATE OF CONNECTICUT  
DEPARTMENT OF BANKING  
CONSUMER CREDIT DIVISION  
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



**AUTHORIZATION TO DISCLOSE DEPOSIT INFORMATION**

To:

(Name of Financial Institution)

You are directed to disclose to the Connecticut Banking Commissioner or his designee, without notifying me, any information he may request, and to provide him or his designee, without notifying me, with copies of any documents governing, records showing transactions in, copies of instruments drawn on, and other writings he may request relating to the following account:

Account Number:

Any fee for providing such information and/or copies to the Commissioner or his designee may be charged to this account.

\_\_\_\_\_  
Name of Depositor (Type or Print)

By

\_\_\_\_\_  
(Signature of authorized individual)

(Type or print name of person who signed above)

(Title)

This form need not be completed for deposit accounts maintained at financial institutions which are chartered under the laws of the State of Connecticut.

This form should be filed only for deposit accounts which are maintained in lieu of any part of the required bond under Section 36a-602 of the Connecticut General Statutes.

## CONNECTICUT PAYMENT INSTRUMENT/MONEY TRANSMISSION LICENSEE BOND

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### KNOW ALL MEN BY THESE PRESENTS

That we, \_\_\_\_\_, having a  
principal place of business in \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_,  
as Principal, and \_\_\_\_\_ a surety  
company, having its principal place of business in \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_,

duly authorized to do business in the state of Connecticut, as Surety, are held and firmly bound unto the  
Banking Commissioner of the State of Connecticut for the use of the people of the State and the  
Commissioner, as Obligees, in the penal sum of ☐ \$300,000 or ☐ \$500,000 or ☐ \$1,000,000 or  
☐ \_\_\_\_\_ as required by the Commissioner based on the above-named Principal's level of  
business and outstanding Connecticut payment instruments (**check the appropriate box**), for the  
payment of which penal sum the Principal and Surety do jointly and severally bind themselves, their  
heirs, executors, administrators, successors and assigns, and each and every of them firmly by these  
presents.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_.

**THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS**, the above-named  
Principal has made application or renewal application to the Commissioner for a license to engage in the  
business of issuing Connecticut ☐ money orders ☐ travelers checks ☐ electronic payment instruments  
and/or ☐ engaging in the business of money transmission (**check all appropriate boxes**), pursuant to the  
provisions of Section 36a-598 of the Connecticut General Statutes, as may be amended, and any  
regulations adopted thereunder.

**NOW, THEREFORE**, if the above-named Principal shall faithfully perform the obligations of the  
Principal with respect to the receipt, handling, transmission or payment of money in connection with the  
sale and issuance of payment instruments or transmission of money, then this obligation shall be null and  
void; otherwise to remain in full force and effect.

This bond shall cover claims that arise during the period the above-named Principal's license to  
engage in the business of issuing Connecticut payment instruments or engage in the business of money  
transmission remains in full force and effect and for two years after it has been surrendered, revoked or  
suspended or has expired.

Notwithstanding the above, the Commissioner may proceed on such bond against the above-named  
Principal or Surety, or both, to collect any civil penalty imposed upon the Principal pursuant to subsection  
(a) of Section 36a-50 of the Connecticut General Statutes, as may be amended.

Further, in no event shall the aggregate liability under the bond exceed the penal sum of the bond.

**IN WITNESS WHEREOF**, the said \_\_\_\_\_  
(Principal)

has hereunto set his, her, its hand and seal and the said \_\_\_\_\_  
(Surety)

has caused this instrument to be signed by its \_\_\_\_\_

and its corporate seal to be hereunto affixed, the day and year first written.

**Witness as to Principal**

\_\_\_\_\_ **By:** \_\_\_\_\_ (L S)  
(Principal)

**Witness as to Surety**

\_\_\_\_\_ **By:** \_\_\_\_\_ (L S)  
(Surety)



STATE OF CONNECTICUT  
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**Licensee:** \_

## SURETY BOND CALCULATION

For issuers of Connecticut Payment Instruments (“CPI”), including Electronic Payment Instruments (“EPI”), the required minimum bond is based on the average daily balance of outstanding CPI’s during the two previous reporting quarters. In the space below, please indicate the average daily balance of outstanding Connecticut Payment Instruments, in dollars, for the respective quarters.

Quarter ending:      September 30, 2003 \_\_\_\_\_  
                                 December 31, 2003 \_\_\_\_\_  
                                 Two-quarter average \_\_\_\_\_

For licensees that engage in the business of money transmission, the required minimum bond is based on the average weekly amount of money or equivalent thereof transmitted during the two previous reporting quarters. In the space below, please indicate the average weekly amount of money or equivalent thereof transmitted by your company.

Quarter ending:      September 30, 2003 \_\_\_\_\_  
                                 December 31, 2003 \_\_\_\_\_  
                                 Two-quarter average \_\_\_\_\_

(A) IF APPLICANT IS A CORPORATION OR ASSOCIATION:

\_\_\_\_\_  
(Name of Applicant)

By

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Person Signing, Typed or Printed)

\_\_\_\_\_  
(Title)

ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be such person, who, being first duly sworn upon oath, says that he/she has read, signed and knows the contents of this document, that the information contained in this document is true to his/her own knowledge, that he/she is

\_\_\_\_\_  
(title)

of \_\_\_\_\_,  
a corporation, and that he/she is authorized to execute this document on behalf of said corporation.

(Notary Public)

When executed before a notary public who is not a resident of Connecticut, the notary public's notarial seal and certificate must be affixed.

(B) IF APPLICANT IS A PARTNERSHIP:

(Name of Applicant)

By

\_\_\_\_\_  
(Signature of General Partner)

\_\_\_\_\_  
(Name of Person Signing, Typed, or Printed)

ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_,

known to me or satisfactorily proven to be such person, who, being first duly sworn upon oath, says that he/she has read, signed and knows the contents of this document, that the information contained in this document is true to his/her own knowledge, that he/she is general partner of \_\_\_\_\_, a general or limited partnership, and that he/she is authorized to execute this document on behalf of said partnership.

\_\_\_\_\_  
(Notary Public)

When executed before a notary public who is not a resident of Connecticut, the notary public's notarial seal and notarial certificate must be affixed.



(C) IF APPLICANT IS AN INDIVIDUAL:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Person Signing, Typed or Printed)

ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned officer, personally appeared

\_\_\_\_\_,  
known to me or satisfactorily proven to be such person, who, being first duly sworn upon oath, says that he/she has read, signed and knows the contents of this document, that the information contained in this document is true to his/her own knowledge.

\_\_\_\_\_  
(Notary Public)

When executed before a notary public who is not a resident of Connecticut, the notary public's notarial seal and notarial certificate must be affixed.